

Employee Reimbursement Accounts
Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

ERA/COMMUTER BENEFIT REMITTANCE REPORT

Employer ID Number (EIN) 69-036-0001-	Employer Name	Payroll Check Date
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A. Medical Reductions	B. Dependent Day Care Reductions	C. Commuter Benefits Reductions
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ADJUSTMENTS – List only those adjustments which were not included in the totals above, and send a photocopy of this form to: Fringe Benefits Management Co., Attn: Deduction Management, P.O. Box 1878, Tallahassee, FL 32302-1878.

Name (Last, First M.I.)		Social Security Number	Payroll Checks (date of first check, date of last check) through
Medical Reduction Adjustment	Dependent Day Care Adjustment	Commuter Benefits Adjustment	Total Adjustment

Name (Last, First M.I.)		Social Security Number	Payroll Checks (date of first check, date of last check) through
Medical Reduction Adjustment	Dependent Day Care Adjustment	Commuter Benefits Adjustment	Total Adjustment

Name (Last, First M.I.)		Social Security Number	Payroll Checks (date of first check, date of last check) through
Medical Reduction Adjustment	Dependent Day Care Adjustment	Commuter Benefits Adjustment	Total Adjustment

GRAND TOTAL
(Total (A + B + C) Reductions + Adjustments) →

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WiSMART transactions – List payment vouchers (PVs) in the table below associated with this report. Attach additional lists if necessary. *Screen prints are not necessary if the PVs are listed below.*

Transaction Date	Trans Type	Agency Number	Transaction Number	Batch Number	Transaction Amount
	PV				
	PV				
	PV				
	PV				
	PV				
	PV				

Prepared By: _____ Phone No.: _____

WiSMART
Total →

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